

## **CITY OF TAUNTON**

## **HUMAN RESOURCES DEPARTMENT**

141 Oak Street, Taunton, MA 02780 Phone (508) 821-1060 or Fax: (508) 821-1066

The City of Taunton Human Resources Department is registered under the provisions of M.G.L. c6, §172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the City of Taunton to submit a CORI check for my information from DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the City of Taunton with written notice of my intent to withdraw consent to a CORI check.

I also understand, that the City of Taunton may conduct subsequent CORI checks within one year of the date this form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on this Acknowledgement Form is true and accurate.

Signature of Applicant/Employee & Date

## APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT) The fields marked with an asterisk (\*) are required fields. \*Last Name \*First Name Middle Initial Suffix (Jr., Sr., etc.) Former Last Name 1: Former Last Name 2: \*Social Security Number: No Social Security Number \*Date of Birth: Place of Birth Mother's Full Maiden Name: Father's Full Name: Street: \*City: Apt #: \*State: STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_ \_\_\_\_STATE OF ISSUE:\_\_\_\_ HEIGHT: ft. in. EYE COLOR: RACE: CITY OF TAUNTON USE ONLY THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: Verified by: Signature of Verifying Employee: \_\_\_\_\_\_ Date